

<b>MULTIPLE DEPENDENT CLAIM</b> <b>FEE CALCULATION SHEET</b> <b>(FOR USE WITH FORM PTO-875)</b>							SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">10685266</div>	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1				51						
2			—				52						
3			—				53						
4			—				54						
5			—				55						
6			—				56						
7			—				57						
8			—				58						
9			—				59						
10			—				60						
11			—				61						
12			—				62						
13			—				63						
14			—				64						
15			—				65						
16			—				66						
17			—				67						
18			1				68						
19				1			69						
20				1			70						
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39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			2				TOTAL IND.						
TOTAL DEP.			2				TOTAL DEP.						
TOTAL CLAIMS			4				TOTAL CLAIMS						